



PTO-1083

Attorney Docket No. 83365.0001

Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Nobuyoshi SAKATANI

Serial No. 10/020,585

Confirmation No.: 6588

Filed: October 22, 2001

For: Information Delivery System, Advertisement Delivery
System, Information Delivery Program, Server,
Information Delivery Server, Advertisement Information
Delivery Method and Saver Page Display Method

Art Unit: 2155

Examiner: Bruckart, Benjamin R.

I hereby certify that this correspondence is
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Commissioner for Patents
P.O. Box 1450
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January 24, 2006

Date of Deposit

Juanita Soberanis

Name

Signature

Date

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Small entity status has been claimed. See 37 CFR § 1.27.
☒ Request for Continued Examination (RCE) Transmittal.
☒ Amendment.
☒ Return postcard.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	22 **	0	LG=\$50 SM=\$25	\$25	\$ 0
INDEPENDENT CLAIMS FEE	7	-	8 ***	0	LG=\$200 SM=\$100	\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$ 0
Independent Claims: 1, 3, 7, 11, 14, 15 and 19					TOTAL		\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$____ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$____ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge \$395 for the RCE and any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Date: January 24, 2006

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Biltmore Tower
500 South Grand Avenue, Suite 1900
Los Angeles, California
90071
Telephone: 213 337-6700
Facsimile: 213 337-6701

By:

Troy M. Schmeltzer
Registration No. 36,667
Attorney for Applicant(s)